

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

OTC 9/3/12

PRINTED: 07/25/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION <b>POC #1</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>445351</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/20/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>SIGNATURE HEALTHCARE OF GREENEVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>106 HOLT COURT GREENEVILLE, TN 37743</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  Complaint investigation #29559, #29835, & #29328 were completed on July 20, 2012, at Signature Healthcare of Greeneville. No deficiencies were cited in related to complaint investigation #29328 under 42 CFR PART 482.13, Requirements for Long Term Care Facilities.	F 000	Signature Healthcare of Greeneville  The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiency herein.  The following plan constitutes the center's allegation of substantial compliance such that the alleged deficiencies cited have been corrected by the date(s) indicated.		
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)  A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).  The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.	F 157	F157:  1. Resident #1 no longer resides in the facility  2. All residents with incidents and changes of condition - the physician notification/responsible party has been done as appropriate.  3. Licensed staff have been re-educated on physician and responsible party notification when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status; a need to alter treatment significantly; or a decision to transfer or discharge the resident from the facility. In-service 6/27/12  4. Physician orders, 24 hour report, Incidents and Accidents will be reviewed by Nursing Administration (including but not limited to - the DNS, Unit Managers, MDS Coordinator, MDS Nurse, and the Treatment Nurse) during the clinical meetings in order to identify notification of the physician/responsible party	6/27/2012 8/1/2012 per Administration on 8/1/12	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*[Signature]*

TITLE

Administrator

(X6) DATE

8/01/2012

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 157	<p>Continued From page 1</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to notify the physician timely after a fall for one resident (#1) of five residents reviewed.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on May 7, 2012, with diagnoses including Cerebral Vascular Disease with Right side Hemiparesis, Coronary Artery Disease, Status Post Coronary Artery Bypass Graft, Hypertension, History of Colon Cancer, and Atrial Fibrillation with Rapid Ventricular Response.</p> <p>Medical record review of a Fall/ Change in Functional Status (Nursing Evaluation Tool) dated May 8, 2012, revealed "...resident attempted to get out of bed and walk forgetting...has right sided hemiplegia, and fell beside bed...name of Dr. (doctor)/ Practitioner notified...Fax/Phone number called...placed in FNP (family nurse practitioner) box..." Continued medical record review dated May 5, 2012, at 11:15 p.m., revealed "...resident has red raised hematoma measuring 1.8 cm (centimeters) x 3 cm to right side of forehead...Black purple bruise below midline of rib cage...Right eye swollen... Laceration below left eye on cheek. 1.3 cm by 2 cm red bruise to right hand..."</p>	F 157	<p>and concerns will be addressed immediately. This information will also be presented to the QA meeting monthly by the DNS for three months. The QA committee will discuss the need for further education, root cause, interventions, action plans, and further follow-up as indicated.</p>		

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F 157	Continued From page 2 Medical record review of a Nurse Practitioner assessment dated May 8, 2012, revealed "...a recorded fall event during the night with a large area of bruising and abrasion to the right to the right forehead. Eyes are equal and reactive, light sensitive..." Continued medical record review of a Neurological Assessment dated May 8, 2012, revealed neurological assessments were initiated after the fall.  Interview on June 27, 2012, at 11:35 a.m., in the facility conference room, with the Nurse Practitioner responsible for completion of the assessment of the resident after the fall revealed, the Nurse Practitioner was not contacted at the time of the fall and stated "If I had been contacted at the time of the fall my notes would have reflected it." Continued interview revealed the Nurse Practitioner did not believe at the time of the assessment on May 8, 2012, that the resident needed an x-ray or CT. Interview confirmed there was a delay in notifying the Physician or the Nurse Practitioner.	F 157			
F 159 SS=D	C/O #29835 483.10(c)(2)-(5) FACILITY MANAGEMENT OF PERSONAL FUNDS  Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section.  The facility must deposit any resident's personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits	F 159	F159:  1. Resident #4 was not a resident in the facility when the quarterly statements went out in April as she was admitted in May, therefore she would not have gotten a statement. The next quarterly statements have now gone out this month to all residents with funds held by the facility.  2. All residents who have funds held by the facility have had statements quarterly	7/31/2012	

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F 159	<p>Continued From page 3</p> <p>all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.)</p> <p>The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund.</p> <p>The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.</p> <p>The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.</p> <p>The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.</p> <p>The facility must notify each resident that receives Medicaid benefits when the amount in the resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and that, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.</p> <p>This REQUIREMENT is not met as evidenced by: Based on facility records and interview the facility</p>	F 159	<p>statements sent to them, the most recent occurring this month, July 2012.</p> <p>3. Resident trust fund custodian has been inserviced on importance of sending out statements to the resident and/or his responsible party.</p> <p>4. Copies of quarterly statements will be kept in resident trust fund book with monitoring by the Business Office Manager and/or the Administrator for compliance.</p>		

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F 159	<p>Continued From page 4</p> <p>failed to provide quarterly statements of resident funds for one (#4) of six residents reviewed.</p> <p>The findings included:</p> <p>Resident #4 was admitted to the facility on May 13, 2012.</p> <p>Review of facility documentation revealed resident #4 had a resident fund account with the facility. Interview with the Business Office Manager in the Business Office on June 26, 2012, revealed quarterly statements were sent in April 2012. Further interview revealed the Business Manager had not worked at the facility from March 19, 2011 until March 16, 2011, and there was no documentation quarterly statements were sent out during that time.</p> <p>Interview with the Administrator in the conference room on June 27, 2012, at 11:30 a.m., confirmed there was no documentation the quarterly statement was made available to the resident or to the family.</p> <p>C/O #29559</p>	F 159			

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